

Important Advances in Clinical Medicine

Epitomes of Progress -- General Surgery

The Scientific Board of the California Medical Association presents the following inventory of items of progress in General Surgery. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, both as to scientific fact and important clinical significance. The items are presented in simple epitome and an authoritative reference, both to the item itself and to the subject as a whole, is generally given for those who may be unfamiliar with a particular item. The purpose is to assist the busy practitioner, student, research worker or scholar to stay abreast of these items of progress in General Surgery which have recently achieved a substantial degree of authoritative acceptance, whether in his own field of special interest or another.

The items of progress listed below were selected by the Advisory Panel to the Section on General Surgery of the California Medical Association and the summaries were prepared under its direction.

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Selective Gastric Vagotomy

VAGOTOMY is well established in the surgical treatment of duodenal ulcer disease, but controversy continues as to whether the vagotomy should be truncal or selective and whether it should be accompanied by antrectomy or pyloroplasty. While no clearly significant differences in postoperative sequelae have been shown between truncal and selective vagotomy, there is evidence suggesting that the gastric denervation as judged by the Hollander test is more complete after the selective operation. This may

be due to the more demanding technique involved in selective vagotomy or may relate to some metabolic factor such as inadequate release of secretin by the duodenum in the presence of parasympathetic denervation—secretin being a potent inhibitor of gastrin stimulated gastric secretion.

While vagotomy with pyloroplasty has a slightly lower operative mortality rate, it is generally conceded to have a somewhat higher incidence of ulcer recurrence than vagotomy accompanied by antrectomy. The preliminary results of a prospective randomized study by Sawyers and Scott suggest that the ulcer recurrence rate is the same when selective vagotomy is used. Care must be taken to insure that the adequate antral drainage is obtained when pyloroplasty is used. The accumulating evidence